

CLAIMS ONLY

Application Number

10539101

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3							53					
4							54					
5							55					
6	1						56					
7		1					57					
8			1				58					
9				1			59					
10					1		60					
11		1					61					
12	1						62					
13							63					
14							64					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend.	5						Total Depend.					
Total Claims	8						Total Claims					